## **GOVERNOR'S GRANTS PROGRAM**

OFFICE OF THE GOVERNOR LANDON STATE OFFICE BUILDING, 900 SW JACKSON, ROOM 304N, TOPEKA, KS 66612 FAX: (785) 291-3204

## **EQUIPMENT INVENTORY FORM**

## **DUE WITHIN 30 DAYS OF THE PAYMENT DATE**

All subgrantees are required to fill out this form if equipment is purchased with any grant funds administered by the Governor's Grants Program. Any equipment purchase must have been approved as part of the grant award. The Governor's Grants

subgrantee's grant file.	
Name of Subgrantee Organization:	
Grant Project Number:	
Name and Phone Number of Individual Completing Form:	
Description of Equipment:	
Serial (or other identification) Number:	
Source of the Equipment:	
Identification of Who Holds the Title:	
Acquisition Date:	
Location of Equipment:	
New/Used (circle one) Equipment on Date of Purchase. If Used, Condition of Equipmen	t:
Total Purchase Cost of Equipment: \$	
·	ct Percentage of <u>Total Cost</u> : %
Federal Funds: \$ Federal Portion of Cost	t Charged to Grant Project: %
Non-Federal Match: \$ Non-Federal Match Portion of Cost	: Charged to Grant Project: %
EXAMPLE: Total Purchase Cost of Equipment: \$1,500	
	ct Percentage of <u>Total Cost</u> : 66% t Charged to <u>Grant Project</u> : 75% Charged to <u>Grant Project</u> : 25%
The subgrantee agrees that equipment purchased through this grant project will continue was purchased for as long as needed, whether or not the grant project continues to be s Further, the subgrantee assures that services provided which utilize the equipment purchased.	upported by this grant program.

continue to be reported to the Governor's Federal Grants Program annually for as long as the equipment is used.

Date:

For Office of the Governor Use

Entered by: